



Missouri Pharmacy Program – Preferred Drug List



Beta Adrenergic Agents – Short Acting: Effective 11/17/2004

Preferred Agents

- Albuterol
- Combivent®

Non-Preferred Agents

- Proventil /Proventil HFA®
- Maxair/Autohaler®
- Alupent®
- *Ventolin/ Ventolin HFA®*

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent
- Documented ADE/ADR to preferred agents.
- Documented compliance on current therapy regimen.

Denial Criteria

- Lack of adequate trial on required preferred agent.
- Therapy will be denied if no approval criteria are met.
- Drug Prior Authorization Hotline: (800) 392-8030.